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CONFIRMATION NO. 3898

Bib Data Sheet

SERIAL NUMBER 09/434,394	FILING DATE 11/04/1999  RULE	CLASS 717	GROUP ART UNIT 2192	ATTORNEY DOCKET NO. 114596-20-4009
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## \*\* CONTINUING DATA \*\*\*\*

This application is a CON of 09/385,394 08/30/1999

*Mar*

## \*\* FOREIGN APPLICATIONS \*\*\*\*

*Mar Mar*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/14/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<u>Mar</u>	MA	41	65	7

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## TITLE

DETECTING REORDERED SIDE-EFFECTS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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